

QUEST DISCOVERY SERVICES

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Ordered By: **ALINA XIONG**

For: **ATTN: BARRY A. VOGEL, ESQ.**

If you have any questions or require the original subpoena and it is not contained within these records, please contact our Client Services Department at (707) 528-2300.

Case: **CYNTHIA GUTIERREZ, ET AL.**

VS.

SANTA ROSA MEMORIAL HOSPITAL, ET AL.

Case Number: **16CV02645SI**

File Number: **6408.38629**

From: **SATELLITE DIALYSIS
6265 COMMERCE BLVD., #156
ROHNERT PARK, CA 94928**

Records of: **CYNTHIA GUTIERREZ**

Claim Number: **2015555102**

Insured: **SRMH ST JOSEPH HEALT**

Date of Loss:

QDS File Number: **SRS702514B**

AFFIDAVITCheck # USDC
File # SRS702514

READ, SIGN, DATE, ATTACH TO YOUR RECORDS, AND SUBMIT TO DEPOSITION OFFICER:

Quest Discovery Services
3438 MENDOCINO AVENUE-SUITE B
SANTA ROSA, CA 95403
(707) 528-2300 or

Title of Case: CYNTHIA GUTIERREZ, ET AL. VS. SANTA ROSA MEMORIAL HOSPITAL, ET AL.
 Attorney for DEFENDANTS: DONNELLY NELSON DEPOLO MURRAY & EFREMSKY APC
 Attorney for PLAINTIFFS: DOUGLAS C. FLADSETH

DATE OF DEPOSITION: Thursday November 30, 2017
 RECORDS PERTAINING TO: CYNTHIA GUTIERREZ DOB:07/31/81

FEDERAL RULES OF EVIDENCE, RULE 803

It is the regular practice of this business to make the record being certified.

I, THE UNDERSIGNED, BEING THE DULY AUTHORIZED CUSTODIAN OF THE RECORDS AND HAVING THE AUTHORITY TO CERTIFY THE RECORDS DECLARE THE FOLLOWING: THE ATTACHED ARE THE RECORDS OF SATELLITE DIALYSIS AND THAT THESE RECORDS ARE KEPT IN THE REGULAR COURSE OF BUSINESS AND SUCH BUSINESS IS A TYPE OF BUSINESS IN WHICH IT IS CUSTOMARY TO KEEP SUCH RECORDS; THE RECORDS WERE PREPARED BY PERSONNEL OF THE BUSINESS WITH ACTUAL KNOWLEDGE OF THE MATTERS STATED IN THE RECORDS AND THAT THE ENTRIES CONTAINED IN THE ATTACHED RECORDS WERE MADE AT OR NEAR THE TIME OF THE ACTS, CONDITIONS OR EVENTS DESCRIBED.

☐ X-rays or other items are forwarded herewith.☒ We have no x-rays or other items.☐ X-rays are not housed at this facility, they are located at:☐ Billing records are forwarded herewith.☐ We have no billing records.☒ Billing records are not housed at this facility, they are located at:1910 South Stapley Dr. #220
Mesa, AZ 85204

★ To be mailed separately

TRUE COPIES☒ The attached copy is a true, legible and durable copy of the records described in the Subpoena.ORIGINAL RECORDS☐ The original records described in the Subpoena were delivered to the attorney or the attorney's representative for copying at the witness' place of business.CERTIFICATION OF NO RECORDS☐ That a thorough search of our files revealed no documents, records or other materials called for in the Subpoena and that no such records exist with the information provided. (Please give a detailed explanation.)☐ Requested records existed at one time but have since been purged.☐ Records do not exist for the time frame specified.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE

PRINTED NAME

Monique Fournier

TITLE

Clinical Admin Coordinator PHONE # (707) 383-2040

Executed on

11/21/17

at

Rohnert Park, CA

IN

REPLY SATELLITE DIALYSIS
 PLEASE 6265 COMMERCE BLVD., #156
 REFER ROHNERT PARK, CA 94928
 TO

AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER
SECTION 22462 of Business and Professions Code.

I solemnly affirm that I am the attorney's representative and that I made true copies of all the original records delivered to me by the Custodian of Records of the within named location, and these records will be distributed to the authorized persons or entities.

Executed on

At

Signature

**AFFIDAVIT**

/ AFFIDAVI



Quest Discovery Services

Information Sheet

I affirm under penalty of perjury that all of the records delivered to me by the Custodian of Records will be delivered to the authorized persons or entities.

11/28/2017

Executed on _____ at San Jose, CA 95131

Signature PANKISON

AFFIDAVIT UNDER EVIDENCE CODE 1561 (c)

☐ As one of the attorney's representatives, I affirm, under penalty of perjury, that the attached copies are true copies of all the records delivered to me for copying by the Custodian of Records.

☒ Not applicable

Executed on 11/28/2017 at San Jose, CA 95131, Santa Clara CountySignature PANKISON Registration Number 58

DATE RANGE OF RECORDS

Enclosed records are subsequent to (date) _____ or prior to (date) _____

COMMENTS ON COPY QUALITY

- ☐ This file contains several poor quality copies due to custodian's poor quality originals or microfilm. We were unable to produce better copies.
- ☐ We presently are trying to obtain better copies of the page(s) listed below. When we receive the page(s), we will forward them to you at no additional charge.

ADDITIONAL MATERIAL

- ☐ Enclosed are additional records.
- ☐ Some material was too large to be bound in this booklet. It is packaged under separate cover.

Note: _____

CERTIFICATE OF NO RECORDS/BILLS/X-RAYS

- ☐ We have received a certificate of no records and/or bills from the custodian.
- ☐ We have received a certificate of no x-rays from the custodian.

Sometimes, such a certificate is not accurate. While reviewing other information, you might encounter evidence to the contrary. If that is the case, please provide us with details, and we will reopen the file and pursue records further.

If you have questions, please contact our Client Services Department.

These records were assembled carefully by Rhonda

Revised Date: 10/30/09
Revised by: CCutler

Hemo Treatment Log Summary

Facility: Rohnert Park

Treatment: 2/24/2015

Patient: Gutierrez, Cynthia - S61014

Station: 11

Additional Order Information

Type	Explanation	Start	Schedule	Status
Extra tx - fluid overload	pt 9.2kg over edw 2/24, rmvd 3.5kg will need puff	02/24/2015	One-time Only	Administered / Acknowledged

Treatment Notes

pre tx : pt states in spanish " i dont feel good"

Patient Checkup - 10:04 AM: Patient resting
Patient alert

n/v and diarrhea: pt arrived complaining of h/a , diarrhea, n/v and wanted to go to the er but driver brought her here. pt was given loperimide and encouraged to stay for tx if possible due to being 9.2kg above new edw. md notified, order received to have pt come tomorrow for puff.

Patient Checkup - 10:30 AM: Patient resting
Chest rising

Patient Checkup - 11:01 AM: Patient asleep
Chest rising

Patient Checkup - 11:30 AM: Patient asleep
Chest rising

Patient Checkup - 12:00 PM: Patient asleep
Chest rising

Patient Checkup - 12:30 PM: Patient resting
Patient alert
asymptomatic to tachycardia and hypertension
pt states in spanish " i feel nervous"

post tx: "i have diarrhea" pt states post tx, returned blood early 41 mins tx shortened rn aware

off early: pt reported having incontinence of stool and was taken off early due to that. pt will return tomorrow for puff per md order.

LabDraw Information

Lab Panel	ICD	Status	Reason Not Collected
HG-Hemoglobin	285.21 - Anemia In Chr Kidney Dis	Collected	
POSTU-Post BUN w/ URR, KTV	585.6 - End Stage Renal Disease	Collected	
PRE-BUN/Creatinine, Pre Dialysis	585.6 - End Stage Renal Disease	Collected	

Access Care Information

Access Care	Arterial	Venous
Catheter care/flush	Yes	Yes
Dressing change	Yes	Yes

Catheter Care Information

Catheter Care	Arterial	Venous
Catheter care/flush	Yes	Yes

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